

PLEASE Read Instruction Page (attached):

TRANSCRIPT ORDER

1. YOUR NAME				2. EMAIL		3. PHONE NUMBER		4. DATE			
5. MAILING ADDRESS				6. CITY		7. STATE		8. ZIP CODE			
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS							
				11. FROM		12. TO					
13. CASE NAME				LOCATION OF PROCEEDINGS							
				14. CITY		15. STATE					
16. ORDER FOR											
APPEAL No.		CRIMINAL		CRIMINAL JUSTICE ACT		BANKRUPTCY					
NON-APPEAL		CIVIL		IN FORMA PAUPERIS		OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>											
TRIAL		DATE(S)		REPORTER		HEARINGS		DATE(S)		REPORTER	
ENTIRE TRIAL						OTHER (Specify Below)					
JURY SELECTION											
OPENING STATEMENTS											
CLOSING ARGUMENTS											
JURY INSTRUCTIONS											
18. ORDER (Grey Area for Court Reporter Use)											
CATEGORY		ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)		FIRST COPY		ADDITIONAL COPIES		NO. OF PAGES ESTIMATE		COSTS	
30-Day						NO. OF COPIES					
14-Day						NO. OF COPIES					
7-Day						NO. OF COPIES					
3-Day						NO. OF COPIES					
Next Day						NO. OF COPIES					
2-HOUR						NO. OF COPIES					
REALTIME											
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).						ESTIMATE TOTAL					
19. SIGNATURE						PROCESSED BY					
20. DATE						PHONE NUMBER					
TRANSCRIPT TO BE PREPARED BY						COURT ADDRESS					
ORDER RECEIVED		DATE		BY							
DEPOSIT PAID						DEPOSIT PAID					
TRANSCRIPT ORDERED						TOTAL CHARGES					
TRANSCRIPT RECEIVED						LESS DEPOSIT					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT						TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT						TOTAL DUE					